PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR **DESIGN** PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

OR

 □ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		BTI-17				
First Named Inventor		Weiner, Michael L.				
COMPL	ETEIF	KNOWN				
Application Number	10/078,062					
Filing Date	Febr	uary 19, 2002				
Group Art Unit						
Examiner Name			_			

As a below named inventor, I hereby declare that:									
	As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
"An Electromagnetic Interference Immune Tissue Invasive System"									
The Dioceomagnosio miorioromoo minima i issuo mivusivo bystom									
the specification of which (Title of the (quention)									
(Title of the Invention)									
OR									
Tebruary 17, 2002	ıaı								
Application Number 10/078,062 and was amended on (MM/DD/YYYY) (if application Number 10/078,062)	ile).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1 56.									
<del></del>									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or invento, certificate, or 356(a) of any PCT international application which designated at least one country other than the United States	's of								
certificate, or 366(a) or any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
The or any PCT international application having a filing date before that of the application on which phonty is claimed.									
rior Foreign Application Foreign Filing Date Priority Certified Copy Attached?									
Number(s) Country (MM/DD/YYYY) Not Claimed YES NO	f								
(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	· 								
	r 								
	r ———								
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.  I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.	£								
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.									
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.  I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.  Application Number(s) Filing Date (MM/DD/YYYY)  60/269 817 02/20/2001 Additional provisional application									
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.  I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.  Application Number(s) Filing Date (MM/DD/YYYY)  60/269,817  02/20/2001  Additional provisional application numbers are listed on a									
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.  I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.  Application Number(s) Filing Date (MM/DD/YYYY)  60/269 817 02/20/2001 Additional provisional application									

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

	<del></del>	PTO/SB/01 (12-97)	1
Please	type a plus sign (+) inside this box → 🛨	Approved for use through 9/30/00. OMB 0651-0032	٦
		Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE	1
	Under the Paperwork Reduction Act of 1995, no person	as are required to respond to a collection of information upless it contains	

## a valid OMB control number. **DECLARATION** — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filing date of this application. **Parent Patent Number** U.S. Parent Application or PCT Parent **Parent Filing Date** Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto. As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: X Customer Number 27157 0R Registered practitioner(s) name/registration number listed below Registration Number ADEMARK OFFICE Registration Name Name Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: X Customer Number OR Correspondence address below or Bar Code Label Name Address Address City State ZIP Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Nafhe (first and middle [if any]) Family Name or Surname Michael L Weiner Inventor's 21 May 02 **D**ate Signature V Webster NY US Residence: City US Country 693 Summit Drive Post Office Address Post Office Address US Webster 14538 Country ZIP

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

X Additional inventors are being named on the

Please	type	а	plus	sign	(+)	inside	this	pox	<b>→</b>	+
1										

PTO/SB/02A (11-00)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

			<del></del>					
Name of Additional Joint Inventor, if any:	ional Joint Inventor, if any:  A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])	or Su	ırname						
Patrick R. Connelly								
Inventor's Signature A MAS	V	Date MAY 02						
Residence: City Rochester s	C	Citizenship US						
Mailing Address 450 Linden Avenue								
Mailing Address								
City Rochester s	tate NY	ZI	P 14620 Co	ountry	US			
Name of Additional Joint Inventor, if any:		□ Ap	petition has been filed f	or this	unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname					
Stuart G. MacDoalid								
Inventor's Style Ded VDate 20 May 5								
Residence: City Pultneyville s	Co	untry US	Citizenship US					
Residence: City Pultneyville State NY Country US Citizenship US  Mailing Address 4663 East Lake Road								
Mailing Address								
city Pultneyville	State NY		ZIP 14538	Coun	atry US			
Name of Additional Joint Inventor, if any:								
Given Name (first and middle [if any])	Family Name or Surname							
Jeffrey L. Helfer								
Inventor's Signature Date 28 7/24 2002								
Residence: City Webster St	Country US Citizenship							
Mailing Address 1153 Hidden Valley Trail								
Mailing Address		······································						
City Webster State NY ZIP 14580 Country US								

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

rease type a plus sign (+) inside this box ———————————————————————————————————	PTO/SB/02A (11-0
$\beta \lambda$	Approved for use through 10/31/2002 OMB 0651-00
41	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC
nder the Paperwork Reduction Act of 1995, no persons are required to respon	and to a collection of information unless it contains a valid OMB control number

## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

MARK								
Name of Additional Joint Inventor, if a	ny:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any	Family Name or Surname							
Victor	Mil	ler						
Inventor's Signature V Visitor Initia			16 MAYOZ Date					
Residence: City Clarence	Country US			Citizenship US				
Mailing Address 5210 Salt Road								
Mailing Address								
City Clarence State NY			ZIP 14031 Country US					
Name of Additional Joint Inventor, if a	ny:	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any	])	Family Name or Surname						
Inventor's Signature Date								
Residence: City State			Country	Citizenship				
Mailing Address				·				
Mailing Address								
City	State		ZIP	Cou	ntrv			
Name of Additional Joint Inventor, if a								
			A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]	Family Name or Surname							
Inventor's Signature Date								
Residence: City State			Country Citizenship					
Mailing Address								
Mailing Address								
City		ZIP	Co	untry				

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231